

LOVELACE SENIOR PLAN
COMPREHENSIVE FORMULARY
EFFECTIVE 1/1/06

LSP 844-1005
Updated 11/05

Lovelace Senior Plan Comprehensive Formulary (List of Covered Drugs)

What is the Lovelace Senior Plan Formulary?

A formulary is a list of drugs selected by Lovelace Senior Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Lovelace Senior Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Lovelace Senior Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Yes, Lovelace Senior Plan may add or remove drugs from our formulary during the year. The enclosed formulary is current as of January 1, 2006. . To get updated information about the drugs covered by Lovelace Senior Plan, please visit our Website at www.lovelacehealthplan.com or call our Customer Care Center at 505-232-1883 or 1-800-808-7363 Monday through Friday from 8:00 am to 5:00 pm. TTY/TDD users should call 1-800-288-5605 or 505-232-1810.. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify members who take the drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular

Agents.” If you know what your drug is used for, look for the category name in the list that begins on page Index Page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index Page 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How much will I pay for Lovelace Senior Plan Covered Drugs?

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Care to find out what your costs are.

Bernalillo—Sandoval-Valencia-Torrance County Standard Plan

You pay the copayments indicated below until you and the plan pay \$2250 in prescription costs for you:

- \$ 4 for a one-month (30 day) supply of Formulary Generic drugs you get at an in-network pharmacy.
- \$ 40 for a one-month (30 day) supply of Formulary Brand drugs you get at an in-network pharmacy.

After your yearly drug costs (paid by both you and your plan) reach \$2250, you pay \$4 for generics and 100% of your brand prescription drug costs.

After your yearly out-of-pocket costs reach \$3600, you pay the greater of: \$2 for generic or preferred brand drug and \$5 for all other drugs, or 5% coinsurance.

Bernalillo-Sandoval-Valencia-Torrance Enhanced Plan

You pay the copayments indicated below until you reach in \$3600 in out of pocket costs.

- \$ 4 for a one-month (30 day) supply of Formulary Generic drugs you get at an in-network pharmacy.
- \$ 40 for a one-month (30 day) supply of Formulary Brand drugs you get at an in-network pharmacy.

After you reach \$3600 out of pocket costs, you will pay the greater of \$2 generic or preferred brand drug and \$5 for all other drugs, or 5% coinsurance.

Santa Fe Standard Plan

You pay the copayments indicated below until you and the plan pay \$2250 in prescription costs for you:

- \$ 10 for a one-month (30 day) supply of Formulary Generic drugs you get at an in-network pharmacy.
- \$ 35 for a one-month (30 day) supply of Formulary Brand drugs you get at an in-network pharmacy.

After your yearly drug costs (paid by both you and your plan) reach \$2250, you pay 100% of your prescription drug costs.

After your yearly out-of-pocket costs reach \$3600, you pay the greater of: \$2 for generic or preferred brand drug and \$5 for all other drugs, or 5% coinsurance.

Santa Fe Enhanced Plan

You will pay the copayments below until you reach \$3600 in out of pocket costs:

- \$ 10 for a one-month (30 day) supply of formulary generic drugs you get at an in-network pharmacy.
- \$ 35 for a one-month (30 day) supply of formulary brand drugs you get at an in-network pharmacy.

After your yearly out-of-pocket costs reach \$3600, you pay the greater of: \$2 for generic or preferred brand drug and \$5 for all other drugs, or 5% coinsurance.

You can ask Lovelace Senior Plan to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Lovelace Senior Plan List of Covered Drugs?" for information about how to request an exception.

Are there any other restrictions on coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Lovelace Senior Plan requires you to get prior authorization for certain drugs. (You may need prior authorization for drug that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from Lovelace Senior Plan before you fill your prescriptions. If you don't get approval, Lovelace Senior Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Lovelace Senior Plan limits the amount of the drug that Lovelace Senior Plan will cover. For example, Lovelace Senior Plan provides 9 tablets per prescription for Imitrex. This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** In some cases, Lovelace Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Lovelace Senior Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, Lovelace Senior Plan will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1 of the Formulary Table. You can ask Lovelace Senior Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the

Lovelace Senior Plan's formulary?" on page v (see below) for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact our Customer Care Center and ask if your drug is covered. You can contact Customer Care at 505-232-1883 or 1-800-808-7363 (outside of Albuquerque), Monday through Friday 8:00 am to 5:00 pm. The speech and hearing impaired may use 505-232-1810 or 800-288-5605 TTY/TDD.

If you learn that Lovelace Senior Plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Lovelace Senior Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Lovelace Senior Plan.
- You can ask Lovelace Senior Plan to make an exception and cover your drug. See below for information about how to request an exception

How do I request an exception to the Lovelace Senior Plan's Formulary?

You can ask Lovelace Senior Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Lovelace Senior Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a different level of coverage for your drug. For example, if your drug is usually considered a brand drug, you can ask us to cover it as a generic instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a different level of coverage for the drug.

Generally, Lovelace Senior Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the low-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of your request.

Lovelace Senior Plan covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA). Generic drugs are listed in lower-case italics (e.g., *glyburide*) within the

formulary on page 1 of the Formulary Table. Brand-name drugs are capitalized in the formulary (e.g., COZAAR).

For more information

For more detailed information about your Lovelace Senior Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Lovelace Senior Plan, please call Customer Care at 505-232-1883 or 1-800-808-7363 Monday through Friday, 8:00 am to 5:00 pm. TTY/TDD users should call toll-free 800-288-5605 or 505-232-1810. Or visit www.lovelaceseniorplan.com. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Lovelace Senior Plan's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Lovelace Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page Index Page 1. If your prescription is not in this formulary, please visit our Website at www.lovelaceseniorplan.com or call Customer Care at 800-808-7363 or 505-232-1883 Monday through Friday 8:00 am to 5:00 pm. TTY/TDD users should call 800-288-5605 or 505-232-1810 for additional help.